

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation FERNANDEZ, MIGUEL B.			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 121 ALHAMBRA CIRCLE SUITE 1100			
(c) City, State and ZIP Code <div style="display: flex; justify-content: space-between;"> CORAL GABLES FL 33134 </div>			3. FEC Identification Number <div style="border: 2px solid orange; padding: 5px; display: inline-block;"> C C90015660 </div>
2. Occupation and Name of Employer (for Individual Filers Only) Chairman MBF Healthcare Partners			

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report ☐ 24-Hour Report

☐ October 15 Quarterly Report ☒ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on / /

5. COVERING PERIOD:

FROM / /

THROUGH / /

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE _____

[Electronically Filed]

Miguel B. Fernandez

Miguel B. Fernandez

12/15/2015

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.